

**DIVISION OF LICENSING PROGRAMS  
VIRGINIA DEPARTMENT OF SOCIAL SERVICES**

**RENEWAL APPLICATION FOR A STATE LICENSE TO OPERATE AN ADULT DAY CARE CENTER**

This application shall be signed by the individual responsible for the operation of the adult day care center (ADCC) or, if the facility is to be operated by a board, by an officer of the board, preferably the chairman. The completed application shall be filed prior to the expiration of the current license and, to assure timely processing, should be filed at least 60 days before the current license expires. Answer each question on the application, i.e., do not refer to previous applications on this form.

Application is hereby made for a license to operate an adult day care center pursuant to Chapter 17, Title 63.2 of the Code of Virginia.

Name of Adult Day Care Center: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Center Location: \_\_\_\_\_  
*Street or Route Number*
*City*
*State*
*Zip Code*

Mailing Address: \_\_\_\_\_  
*Street or Route Number*
*City*
*State*
*Zip Code*

Tax ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

In making this application, I state that:

1. I am in receipt of and have read a copy of the licensing statute and the standards and regulations applicable to adult day care centers.
2. I certify that it is my intent to comply with the aforementioned standards, regulations and statutes and to remain in compliance with them if I am so licensed.
3. I grant permission to the Department of Social Services and its authorized agents to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility, review of records, and interviews of my agents, employees, and any adult or other person within my custody or control. I understand that, following licensure, authorized agents of the Department will make announced and unannounced visits to the facility to determine its compliance with standards and regulations and to investigate any complaints received.
4. I understand that I will be required to supply reports from the local health department and appropriate fire prevention officials.
5. I understand that an application for a license is subject to either issuance or denial of a license. In the event of denial, it is understood that I have appeal rights that are explained in *General Procedures and Information for Licensure*.
6. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of an adult day care center without first obtaining a license, or serve more persons than the maximum stipulated on the license.
7. To the best of my knowledge and belief, all information given on this application to the Department of Social Services and its authorized agents is true and correct. I will supply true and correct information requested during all subsequent investigations.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Applicant (Individual or Organization Applying for Licensure)*

By: \_\_\_\_\_  
*Signature*
*Applicant's Mailing Address if different from the ADCC*

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Title (Please Print)*

\_\_\_\_\_  
*Business Telephone*

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**I. GENERAL INFORMATION**

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A. Name of individual, partnership, corporation, limited liability company, unincorporated association or public agency applying for the license:

\_\_\_\_\_

B. Administration of the adult day care center:

1. Name of the director: \_\_\_\_\_

2. Name of the designated assistant director, if any: \_\_\_\_\_

C. Number of persons attending the center:

1. Participants: Male \_\_\_\_\_ Female \_\_\_\_\_ Total participants \_\_\_\_\_

2. Employees: \_\_\_\_\_

3. Others (*specify roles*): \_\_\_\_\_

4. TOTAL \_\_\_\_\_

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**II. LICENSURE AND PROGRAM INFORMATION**

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*(Attach additional pages if more space is needed.)*

A. Maximum number of participants license requested for: \_\_\_\_\_

B. Number of buildings license requested for: \_\_\_\_\_

C. Does the facility provide care for participants who are nonambulatory? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Describe the special needs of the participants, such as but not limited to skilled nursing treatments, special diets, assistance with medication, rehabilitative services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Over)

- E. Have there been any changes in the purpose of the adult day care center, the characteristics of the population served, the program, the services provided or the physical plant since the facility's last license was issued (i.e., during the current licensure period)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," describe these changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- F. Describe any changes planned for the future: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### III. ADDITIONAL MATERIAL TO BE INCLUDED AS PART OF THE APPLICATION

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- A. The appropriate fee for application processing.
- B. A statement or chart regarding sponsorship of the adult day care center and organization of the management staff, with information showing who is responsible for policy, operation and management decisions.
- C. A copy of any rules, requirements or policies of the adult day care center that have changed since the facility's last license was issued.

Attached \_\_\_\_\_ Not Applicable \_\_\_\_\_

- D. If the center is a partnership, corporation, limited liability company, unincorporated association or public agency, the names and addresses of (1) any agent who has direct involvement with management of the adult day care center and (2) the following persons as applicable: (*Specify the office or position held by each person.*)
1. For a partnership, all the General Partners.
  2. For a corporation, the officers of the corporation, including the presidents, senior vice-presidents, secretary, treasurer and any other officer who has direct involvement with management of the adult day care center.
  3. For a limited liability company, all the members and each manager.
  4. For an unincorporated association, the officers of the board/association.
  5. For a public agency, the person responsible for the overall operation of the agency and any agency staff person who has direct involvement with management of the adult day care center.

IV. STAFF INFORMATION SHEET

NAME OF FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

If there are 25 or fewer employees, each employee must be listed separately. If there are more than 25 employees, the number of employees in each position, working in the same building, on the same shift, may be indicated in the column "NAME." List the specific hours to be worked in the “Work Schedule.” NOTE: First Aid and CPR should be marked only when a person has a *current* certificate as specified in the ADCC standards.

NAME	POSITION	1ST AID	CPR	MED ADMIN	BLDG	WORK SCHEDULE						
						Mon	Tues	Wed	Thurs	Fri	Sat	Sun

**Staff Information Sheet (Continued)**[illegible]